

**"FEE ADDRESS" INDICATION FORM**

Address to:

Mail Stop M Correspondence  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

-OR-

Fax to: 571-273-6500

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number

55136

OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)		APPLICATION NUMBER
6460848	6527271	
7316615	6579181	
6712696	6652379	
6517435	6685568	
6533662	6857961	
6595857	7905784	
6533276	7770893	
6758751	6991544	
6688979	7427234	
7011309	7222852	
6520857	7404765	
6517436	7753798	
6530836	7736236	
6579180	7771272	
6530837	7753779	
6663490		

Completed by (Check one):

☐ Applicant/Inventor☒ Attorney or Agent of record 38,066  
(Reg. No.)☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)☐ Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_/Frank Abramonte/

Signature

Frank Abramonte

Typed or printed name

(206) 622-4900

Requester's telephone number

April 11, 2011

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.